



TRANSMITTAL FORM

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TRANSMITTAL FORM (Use for all correspondence after initial filing)		Application Number	10/722851
		Filing Date	11/26/2003
		First Named Inventor	Raghav Raman
		Art Unit	2624
		Examiner Name	Bitar, Nancy
Total Number of Pages in This Submission		Attorney Docket Number	S02-270/US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Comm. to TC <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences <input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other (Specified below)
Other: Election _____ _____ _____ _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Miriam R Kaplan		
DATE	2/23/07	REGISTRATION NUMBER	55,315

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

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This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/722851

Docket No.: S02-270/US

Filing Date: 11/26/2003

Art Unit: 2624

Confirmation No.: 8590

Examiner: Bitar, Nancy

First Named Inventor: Raman, Raghav

Title: Quantification of Aortoiliac Endoluminal Irregularity

CERTIFICATE OF MAILING

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on

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Date

Signature

Abigail Capulm

Type or print name of person signing

Reply under 37 CFR 1.111

Commissioner for Patents

P.O. Box 1450, Alexandria VA 22313-1450

Sir:

In response to the Office Action mailed January 24, 2007, in which an election/restriction requirement was made, applicants provisionally elect Invention 2.

Respectfully submitted,

Miriam Kaplan, Ph.D.

Reg. No. 55,315

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